

11 **EPSDT-SS SAR with Negotiated Price that Requires State Approval**

Example of an EPSDT-SS SAR with Negotiated Price that Requires State Approval

There are many different components to SARs. This example illustrates how to enter a SAR that:

- Is an EPSDT-SS SAR
- Is associated with a procedure code with a negotiated price
- Requires state approval

11.1 Find the Client

Notes

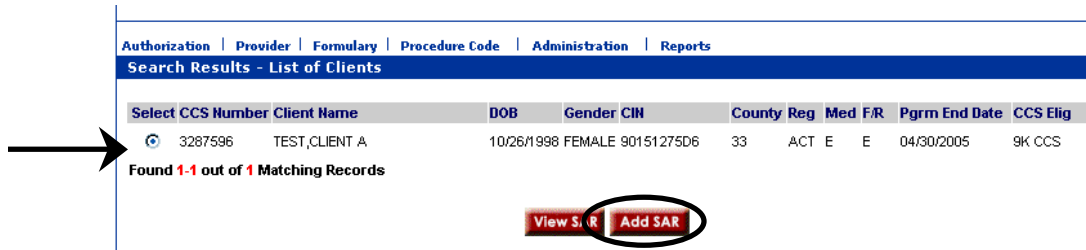
1. Access Service Authorization Request by clicking the “Authorization” link.

2. Enter search criteria in the “By Client” area.
3. Click the “Search” button.

Search by Client, by Provider or by SAR data. These sections are mutually exclusive.

- Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
- Then click the “Add SAR” button.

Notes



Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3287596	TEST,CLIENT A	10/26/1998	FEMALE	90151275D6	33	ACT	E	E	04/30/2005	9K CCS

Found 1-1 out of 1 Matching Records

[View S.R.](#) [Add SAR](#)

11.2 Select the Provider for the SAR

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

Notes

In this example, search for the provider by Provider Number.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked in *

SEARCH PROVIDER

Search Category *
☒ Hospital / Medical Provider
☐ Special Care Centers
☐ Dental Provider

Provider Name
Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

4. Click on the link (blue underlined name of your selection).
OR
5. You may enter the provider information manually in the grayed section in order to enter a PENDING SAR to print as an attachment to the EPS provider application. Note: If the provider is manually entered, you will not be allowed to AUTHORIZE the SAR.
6. Click the “Continue” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
<u>CALIFORNIA MEDICAL PHCY</u>	PHA124140	Active	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	Los Angeles	

4 of 1 Matching Records

Provider Name *
☒ Medical / Hospital
☐ Special Care Centers
☐ Dental

Address 1 *
Address 2

City *
County *

State *
Zip *



SARs cannot be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Group Optometrists, Speech Therapy Groups, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners. You must authorize the provider’s individual or (rendering) provider ID number.

11.3 Enter SAR Information

1. Enter SAR Information.
2. Click the “Add Services” button to search for service codes.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION					
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION	
Provider Name:	CALIFORNIA MEDICAL PHCY
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917
Provider Number:	PHA124140
County:	Los Angeles

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPSTD-SS <input checked="" type="checkbox"/>	Category
CCS SS <input type="checkbox"/>	
Primary Diagnosis *	
Secondary Diagnosis	

SERVICE CODE INFORMATION						
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description
SPECIAL INSTRUCTIONS						

Add Services **Submit** **Undo**

The following items Require State Approval:

- Aural Rehabilitation
- CoaguCheck Sys-Prothrombin Time Self-Testing Sys
- Cochlear Implant Pre-Evaluation
- Cochlear Implant Surgery and/or Follow-up Services
- Diaphragmatic Pacers
- Eye Prostheses which include Part of the Face
- FM Sys/Assistive Hearing Devices Related Equipment
- FM System/Assistive Hearing Devices
- Medical Foods
- Medical Nutrition Therapy not covered by a SCC
- Miscellaneous Non-Benefit Items
- New Treatment Modalities and Interventions
- Non-Benefit DME
- Non-Benefit Eyewear
- Non-Benefit Hearing Aids
- Non-Benefit Pulmonary Devices
- Non-Benefit Radiology Services
- Occupational Therapy Beyond Benefit Limitation
- Other Audiology Surgically Implanted Devices
- Skilled Nursing Services other than IHO-Requires State Approval
- Speech Pathology Services Beyond Benefit Limitations
- Wheelchair Lifts

This is an EPSTD-SS SAR, this checkbox needs to be checked.

Client must have Medi-Cal Full Scope with NO Share of Cost.



The item/service selected from the *Category* drop down will determine if the SAR will require State Approval or may be authorized locally at the county. Please be careful with your selection.

11.4 Search for Services for Procedure Code

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the “Search” button.

Notes

In this example, we will search for a procedure code for unlisted EPSDT services (in this case, Medical Foods)

1.

Provider | Formulary | Procedure Code | Administration | Reports

Service Code

PROCEDURE CODE

Service Code: Z5999

Description:

SERVICE GROUPING

Service Group:

Description:

DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC:

Generic Drug Name:

Label Drug Name:

MEDICAL SUPPLIES

Medical Supply Code:

Generic Name:

Label Name:

Search Clear

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns many matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

11.5 Select Services for Procedure Code

1. Check the appropriate service(s) for the SAR. If an exact match is found, the check box will be pre-selected.
2. Click the “Continue” button.

California Home CDHS Home CDHS Comments CDHS Search CDHS Organization Thursday, May 6, 2004

Children's Medical Services
Caring for Children with Special Medical Needs...

Contact Us | Help | Logout

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Select Services

Select Service Code	Type	Service Description
<input checked="" type="checkbox"/> Z5999	1	EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS

Found 1-1 out of 1 Matching Records

Back Continue

Field descriptions are provided in CMS Net Web Online Help.

11.6 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the “Remove” indicator if it was entered erroneously.
 - Select a Modifier for the Service Code (rental or purchase) if appropriate.
 - Enter Units. Required entry: The total number of times a procedure or service is requested.
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
 - Enter Amount for Negotiated Pricing
 - Click the “**Submit**” button to save the SAR. The status of the SAR will be “Request Approval.” The user will be taken to the Narrative.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION

Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION

Provider Name:	CALIFORNIA MEDICAL PHCY	Provider Number:	PHA124140
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	County:	Los Angeles

SAR INFORMATION

SAR Number: [] SAR Status: []

Service Begin Date: Jul 1 2004 Service End Date: Dec 31 2004

Service Request Date: Jul 1 2004 Number of Days: []

EPSDT-SS: ☒ Category: Medical Foods

CCS SS: ☐

Primary Diagnosis: 343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED find

Secondary Diagnosis: 270.6 DISORDERS OF UREA CYCLE METABOLISM find

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5999	NU RP RR	1		EPSDT SERVICES- UNLISTED/SUPPLEMENTAL SVS		47		296.19

SPECIAL INSTRUCTIONS

THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED
ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#/BAG) -
\$11.44.

Add Services Submit Undo

Notes

An example where 47 individual products billed with the same service code are authorized.

Negotiated Price: “Amount” is available only for EPSDT-SS SARs and for individuals with EPSDT-SS or State Administrator security roles.

A price may only be entered if there is **no price** on the procedure master file for the item/service.

The State Approver will enter the negotiated amount, in this example, \$296.19. The **total amount** that the user enters must cover the **TOTAL COST** for ALL OF THE UNITS listed.

Enter Special Instructions listing all products descriptions authorized.

11.7 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- The SAR number will begin with a pre-fix of ‘91’ indicating EPSDT-SS SAR and the status of the SAR will be “Request-Approval.” Note that once the SAR is in Request-Approval status, only those with EPSDT-SS security or System Administrator security may modify or authorize the SAR. The user will be taken to the Narrative.

Narrative

CLIENT A TEST, 3287596

REQUEST-APPROVAL, SAR ID 91000051423

CLIENT INFORMATION							
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION		
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED		
CIIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004		
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005		

NARRATIVE INFORMATION							
Narrative Date:	12/31/2004						
General Topic:	Service Authorization #91000051423, Status: Request-Approval						
User:	MCCARLEY,TRACI						
Provider:	CALIFORNIA MEDICAL PHCY						
Service Period:	07/01/2004 thru 12/31/2004						
Provider Type	PHARMACIES/PHARMACISTS						
Distribution:							

ADDITIONAL INFORMATION								
Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
Z5999	1			EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS		47		296.19

NARRATIVE TEXT
Request from California Medical Pharmacy to provide Medical Foods to Test Client. Medical foods require State approval, request to State EPSDT-SS coordinator for review/approval.

11.8 EPSDT-SS Approver Searches for the Request Approve SAR

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Modify” tab

View SAR

CLIENT A TEST, 3287596				REQUEST-APPROVAL, SAR ID 91000051423			
Authorize	Deny	Cancel	Modify	Extend	Delete	Print	
CLIENT INFORMATION							
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION		
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED		
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004		
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005		
PROVIDER INFORMATION							
Provider Name:	CALIFORNIA MEDICAL PHCY			Provider Number:	PHA124140		
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917			County:	LOS ANGELES		
SAR INFORMATION							
SAR Number:	91000051423	Request Date:	07/01/2004				
Service Begin Date:	07/01/2004	Service End Date:	12/31/2004				
No Of Days:	184	State Funded:	N				
EPSDT-SS:	Y	CCS-SS:	N				
State Approved Category:	MEDICAL FOODS						
Primary Diagnosis:	343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED						
Secondary Diagnosis:	270.6 DISORDERS OF UREA CYCLE METABOLISM						
SERVICE REQUEST AUTHORIZATION							
Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity Amount
Z5999	1			EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS		47	296.19
AUTHORIZATION DETAILS							
Date:	Authorized By:			Reporting Category:			
<p>THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#BAG)-\$11.44.-----#2708-DP LOW PROTEIN BAKING MIX-ONE BAG (4#BAG)-\$13.86.-----#2597-DS SPANISH RICE-TWELVE PKGS (4/12-2.4 OZ PKG/CS)-\$33.35.-----#2508-DS SHORT CUT SPAGHETTI-ONE BAG (6-17.6 OZ BAGS/CS)-\$11.60.-----#2519-DS IMITATION RICE-ONE BOX (6-17.6 OZ BOXES/CS)-\$11.60.-----#2552-DS TRI COLOR ALPHABETS-ONE BOX (6-17.6 OZ BOXES/CS)-\$12.02.-----#2576-DS PORRIDGE-ONE BOX (6-17.6 OZ BOXES/CS)-\$13.44.-----#1463-DS CHEESE FLAVORED SAUCE MIX-ONE JAR (12-5.3 OZ JARS/CS)-\$8.76.-----#1421 DS TOMATO FLAVORED SAUCE MIX-TWO JARS (12-9.9 OZ JARS/CS)-\$17.52.-----#1472 DS VANCE'S DARI FREE BEVERAGE MIX-ONE CARTON (6-12 OZ CARTONS/CS)-\$14.19.-----#1466-DS PEANUT BUTTER FLAVORED SPREAD-ONE JAR (4-16 OZ JARS/CS)-\$9.89.-----#2241601342-CLEAR CHICKEN BROTH-FIVE PKTS (200-3.4 GM PKTS/CS)-\$2.05.-----#40102 CBF PLAIN BAGELS-ONE BAG (30-16.3 OZ BAGS/CS)(FIVE BAGELS/BAG)-\$11.25.-----#10306-CBF PLAIN CREAM CHEESE-ONE TUB (8OZ/TUB)-\$9.84.-----#40401 CBF CREAMY GARLIC/BROC RICE-IND-THREE BAGS (24-4.4 OZ BAGS/CS)-\$27.75.-----#10802 CBF ALFREDO SAUCE MIX-ONE JAR (7OZ/JAR)-\$14.18.-----#40406 CBF MAC N CHEESE-TWO BAGS (24-7OZ BAGS/CS)-\$18.50.-----#40401 CBF ELBOW PASTA-ONE BAG (24-18OZ BAGS/CS)-\$12.50.-----#40110 CBF HOME STYLE SL WHITE BREAD-ONE LOAF (20-28OZ LOAVES/CS)(16 SLICES/LOAF)-\$14.80.-----#2342 DS GRAHAM CRACKER COOKIES-ONE BOX (6-15.2OZ BOXES/CS)-\$8.12.-----#2313 DP CHOCOLATE CHIP COOKIES-ONE BOX (6-6 OZ BOXES/CS)-\$4.09.-----#2382 DS CINNAMON TEA COOKIES-ONE BOX (6-4.4OZ BOXES/CS)-\$6.68.-----#270041182 HUNT'S LEMON PUDDING CUP-TWO CUPS (48 CUPS/CS)-\$1.60.-----#5921 PRONP GELLED DESSERT MIX-FOUR PKGS (6 BOXES/CS)(12-3 PKGS/BOX)-\$7.16.-----TOTAL UNITS=47-----TOTAL COST \$296.19. MEDICAL FOODS: LIST EACH SPECIFIC FOOD IN THE SPECIAL INSTRUCTIONS SECTION WITH THE FOLLOWING ITEMS: ITEM NUMBER, MEDICAL FOOD PRODUCT NAME, AMOUNT, AND PRICE. MEDICAL FOODS - SPECIFIC INSTRUCTIONS FOR THE PROVIDER: PLEASE SUBMIT THE FOLLOWING WITH YOUR CLAIM: 1. A COPY OF THE CCS AUTHORIZATION; 2. ITEM DESCRIPTION; 3. INVOICE. REAUTHORIZATION INSTRUCTIONS: IF REAUTHORIZATION IS TO BE REQUESTED, PLEASE INSTRUCT THE PROVIDER TO SUBMIT THE FOLLOWING ONE MONTH BEFORE AUTHORIZATION EXPIRES: 1. A WRITTEN PRESCRIPTION SIGNED BY A CCS PANELED PHYSICIAN FOR LOW PROTEIN FOODS OR OTHER SPECIFIC MEDICAL FOODS, INCLUDING SPECIFIC QUANTITY AND VENDOR PRICE OF EACH MEDICAL FOOD REQUESTED; 2. SNACK FOODS ARE NOT TO EXCEED 10 PERCENT OF THE TOTAL PRICE; 3. A COPY OF THE CURRENT, WITHIN THE LAST SIX MONTHS, NUTRITIONAL ASSESSMENT AND TREATMENT PLAN BY THE CCS PANELED REGISTERED DIETITIAN (RD) THAT INCLUDES THE NUMBER OF PHENYLALANINE EXCHANGES FROM LOW PROTEIN FOODS FOR PKU REQUESTS. THE CENTER RD MUST SEE THE CCS CLIENT EVERY SIX MONTHS; 4. CURRENT MEDICAL HISTORY AND CENTER EVALUATION, WITHIN THE LAST SIX MONTHS, THAT INCLUDES DIAGNOSIS AND MEDICAL CONDITIONS; 5. DOCUMENTATION THAT THE MEDICAL FOOD IS SPECIALLY FORMULATED AND NECESSARY FOR THE SPECIFIC DIETARY MANAGEMENT OF A DISEASE OR CONDITION FOR WHICH SPECIFIC NUTRITIONAL REQUIREMENTS EXIST. MISCELLANEOUS CODE Z5999 NON- DME. FOR THIS 'BY-REPORT' CODE PLEASE SUBMIT THE FOLLOWING ITEMS: 1. A COPY OF THE CCS AUTHORIZATION; 2. MEDICAL REPORT THAT DESCRIBES THE PROCEDURE, AND OR DETAILED DESCRIPTION AND ITEMIZATION OF THE SERVICES PROVIDED; 3. COST OF THE SERVICE PROVIDED. EPSDT-SS: PROVIDER MUST SUBMIT CLAIMS FOR EPSDT SUPPLEMENTAL SERVICES ON A SEPARATE CLAIM FORM FROM ANY OTHER MEDICAL BENEFIT ITEM/SERVICE. INCLUDE PRICING ATTACHMENT, IF APPROPRIATE.</p>							

11.9 Click “Submit” to Complete SAR Entry

Notes

1. Perform the following actions:
2. On the “Enter SAR” page, the State Approver (user with EPSDT-SS or System Administration security) clicks the “State Approval – Yes” radio button
3. Add the negotiated or agreed upon cost of the item/service
4. Modify the units approved if necessary
5. If appropriate, modify any of the item/services in the Special Instructions
6. Click the “**Submit**” button to save the SAR; the SAR *is* ready for authorization. The status of the SAR will be “State Approved-YES.” The user will be taken to the Narrative.
7. For directions to authorize the SAR, please refer to the Authorize SAR Physician/Allied Health section of the CMS Net Web Manual.

Enter SAR

CLIENT A TEST, 3287596 **REQUEST-APPROVAL, SAR ID 91000051423**

Required fields are marked in *

CLIENT INFORMATION

Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION

Provider Name:	CALIFORNIA MEDICAL PHCY	Provider Number:	PHA124140
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	County:	LOS ANGELES

SAR INFORMATION

SAR Number: 91000051423 SAR Status: REQUEST-APPROVAL

Service Begin Date: 1/2004 Service End Date: Dec/31/2004

Service Request Date: Jul/1/2004 Number of Days: 184

EPSDT-SS: ☒ Category: Medical Foods

CCS-SS: ☐ State Approved: ☒ Yes ☐ No

State Funded: ☐

Primary Diagnosis: 343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED find

Secondary Diagnosis: 270.6 DISORDERS OF UREA CYCLE METABOLISM find

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5999	NU RP RR	1		EPSDT SERVICES- UNLISTED/SUPPLEMENTAL SVS		47		296.19

SPECIAL INSTRUCTIONS

THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED
ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#/BAG) -
\$11.44.

Add Services Submit Undo

EPSDT-SS Approver clicks “State Approval – Yes” radio button.

This person must have EPSDT-SS or System Administrator security role.

If No is selected, then the SAR may only be DENIED.

Make sure all the SAR information is correct.

The Service Dates, Diagnosis Codes, Service Codes, Units, Amount and the Special Instructions may be modified.